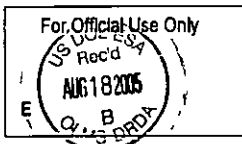


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 9763	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name James Murphy P O Box, Bldg, Room No, if any Street 144 Brown Street City Yatesville State Pennsylvania ZIP Code + 4 18640	4 Name, file number, and address of labor organization Name Iron Workers AFL-CIO LU 489 Labor Organization File Number 029-540 P O Box, Building and Room Number, if any Street 144 Brown Street City Yatesville State Pennsylvania ZIP Code + 4 18640
5 Position in labor organization President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed	On 8/12/05 Date	570-655-9400 Telephone Number

Name of Person Filing James Murphy	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name **Iron Workers Local 489 Annuity Fund**

Trade Name, if any

P O Box, Bldg , Room No , if any

Street **144 Brown Street**

City **Yatesville**

State **Pennsylvania** ZIP Code + 4 **18640**

9 Business deals with

- ☒ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg , Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Trustee of Local Union Annuity Fund

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Value of meal related to attendance at Board of Trustee meeting.

12 b Amount

\$72

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ **or Consultant** ☐ **?**

14 b Amount of payment

Name of Person Filing James Murphy	File Number U-
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name <input type="text" value="Merrill Lynch"/> Trade Name, if any <input type="text"/> P O Box, Bldg, Room No, if any <input type="text"/> Street <input type="text" value="197 Route 18 South"/> City <input type="text" value="East Brunswick"/> State <input type="text" value="New Jersey"/> ZIP Code + 4 <input type="text" value="08816-1400"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text" value="Iron Workers Local 489 Annuity Fund"/> Trade Name, if any <input type="text"/> P O Box, Bldg, Room No, if any <input type="text"/> Street <input type="text" value="144 Brown Street"/> City <input type="text" value="Yatesville"/> State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="18640"/>	11 a Nature of such dealing <input type="text" value="Performs investment consulting and advisory services for the Annuity Fund."/> 11 b Approximate dollar value of such dealing <input type="text" value="\$10,700,000"/> 12 a Nature of interest held or income received <input type="text" value="Value of meal provided at meeting."/> 12 b Amount <input type="text" value="\$75"/>

Name of Person Filing James Murphy	File Number U-
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name <input type="text" value="Iron Workers District Council of Phila"/> Trade Name, if any <input type="text" value="Health and Welfare and Pension Fund"/> P O Box, Bldg Room No, if any <input type="text"/> Street <input type="text" value="6401 Castor Ave"/> City <input type="text" value="Philadelphia"/> State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="19149"/>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name, if any <input type="text"/> P O Box, Bldg, Room No, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <input type="text" value="Trustee of Iron Workers District Council Health and Welfare and Pension Funds"/> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <input type="text" value="Value of expenses related to attendance at Board of Trustee meeting."/> 12 b Amount <input type="text" value="\$1,436"/>

Name of Person Filing James Murphy	File Number U-
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name <input type="text" value="Iron Workers District Council of Phila"/> Trade Name, if any <input type="text" value="Health and Welfare and Pension Fund"/> P O Box, Bldg, Room No if any <input type="text"/> Street <input type="text" value="6401 Castor Ave"/> City <input type="text" value="Philadelphia"/> State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="19149"/>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name, if any <input type="text"/> P O Box, Bldg, Room No, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <input type="text" value="Trustee of Iron Workers District Council Health and Welfare and Pension Funds"/> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <input type="text" value="Value of expenses related to attendance of International Foundation Conference."/> 12 b Amount <input type="text" value="\$4,518"/>

LM-30 Attachment

Ending date of report period 12/31/04

LM-30 File Number To be assigned

LM-30 Items

Number

8, 9, 11a and 11b	Per direction provided by U S DOL OLMS, Part B includes reporting of transactions including reimbursement of expenses by a trust in which the labor organization is interested as though the trust was a business The information for item 11b is not in my possession
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